

## TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME Kendra Morries		2. PHONE NUMBER (213) 430-7801		3. DATE 8/20/2015	
4. MAILING ADDRESS O'melveny & Myers, 400 South Hope Street		5. CITY Los Angeles		6. STATE CA	7. ZIP CODE 90071
8. CASE NUMBER 1:14-cv-00254		9. JUDGE Hon. Andrew S. Hanen		DATES OF PROCEEDINGS	
				10. FROM 8/19/2015	
				11. TO 8/19/2015	
12. CASE NAME State of Texas v. United States of America		LOCATION OF PROCEEDINGS			
		13. CITY Brownsville		14. STATE Texas	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input checked="" type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> OTHER	

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING		8/19/2015 Hearing-complete	
<input type="checkbox"/> BAIL HEARING		transcript	

United States District Court  
Southern District of Texas  
FILED

AUG 24 2015

David J. Bradley, Clerk of Court

## 17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
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HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

## CERTIFICATION (18. &amp; 19.)

By signing below, I certify that I will pay all charges  
(deposit plus additional).

18. SIGNATURE Kendra Morries			ESTIMATE TOTAL 0.00	
19. DATE 8/20/2015			PROCESSED BY	
TRANSCRIPT TO BE PREPARED BY			PHONE NUMBER	
			COURT ADDRESS	
ORDER RECEIVED	DATE	BY		
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00

DISTRIBUTION:

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TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY